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22850 7590 03/11/2005

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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/599,438 06/22/2000 Jerzy Michal Lemanczyk 193337US2 7854

TITLE OF INVENTION: DEVICE FOR MEASURING CHARACTERISTICS OF AN ELECTROMAGNETIC FIELD, PARTICULARLY FOR THE RADIATION DIAGRAM OF AN ANTENNA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional NO \$1400 \$0 \$1400 06/13/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
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VANORE, DAVID A 2881 343-703000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 OBLON, SPIVAK,
 McCLELLAND, MAIER
 2 & NEUSTADT, P.C.
 3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

AGENCE SPATIALE EUROPEENNE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Paris, FRANCE

04/12/2005 JADD02 00000180 09599438

01 FC:1501

1400.00 OP

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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- ☒ Issue Fee
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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Joseph Scafetta Jr.
 Joseph Scafetta, Jr.

Date

APR 11 2005
 Reg. No. 26,803

Typed or printed name

Registration No.

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